

REFERRAL FOR OFFICE OF STATE DEBT COLLECTIONS

Date referred: _____ Case number: _____

Defendant's Name: _____

Last known address: _____

Telephone Number: _____ Date of Birth (must be 18 or over): _____

Social Security Number: _____ Driver's License Number: _____

Balance of fines/fees: \$ _____ County: \$ _____ Surcharges: \$ _____

Balance of restitution: \$ _____

Amount

Victim/Address

\$ _____

\$ _____

Bench warrant issued? Yes No Recalled

Ordered date _____ Copy of order attached _____

Referring County _____

Contact Person _____ Phone number _____